DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ABBYHAVEN (310658)

Address: 4865 S 95TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094252 End Date: 02/20/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092709 End Date: 06/01/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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ADMINISTRATION

PROGRAM SERVICES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
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P.O. Box 2969
Madison WI 53701-2969

Complaint History Date Investigation Completed: 02/10/2005 Date Complaint Received: 09/24/2004 Subject Area(s) Result SOD# RESIDENT RIGHTS NOT SUBSTANTIATED RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED **MEDICATIONS** NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 09/15/2004 Date Investigation Completed: 02/10/2005 Subject Area(s) Result SOD# RESIDENT RIGHTS NOT SUBSTANTIATED NOT SUBSTANTIATED PHYSICAL PLANTS & SAFETY HAZARDS PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 12/19/2003 Date Investigation Completed: 06/01/2004 Subject Area(s) Result SOD#

NOT SUBSTANTIATED

NOT SUBSTANTIATED

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